

EMPLOYMENT AND COMMUNITY FIRST REFRESHER TRAINING PART III

Learning Objectives

1

Introduction & Purpose of the LSA

2

Learn the LSA

3

Learn the ICAP

Introduction—Life Skills Assessment (LSA)

3

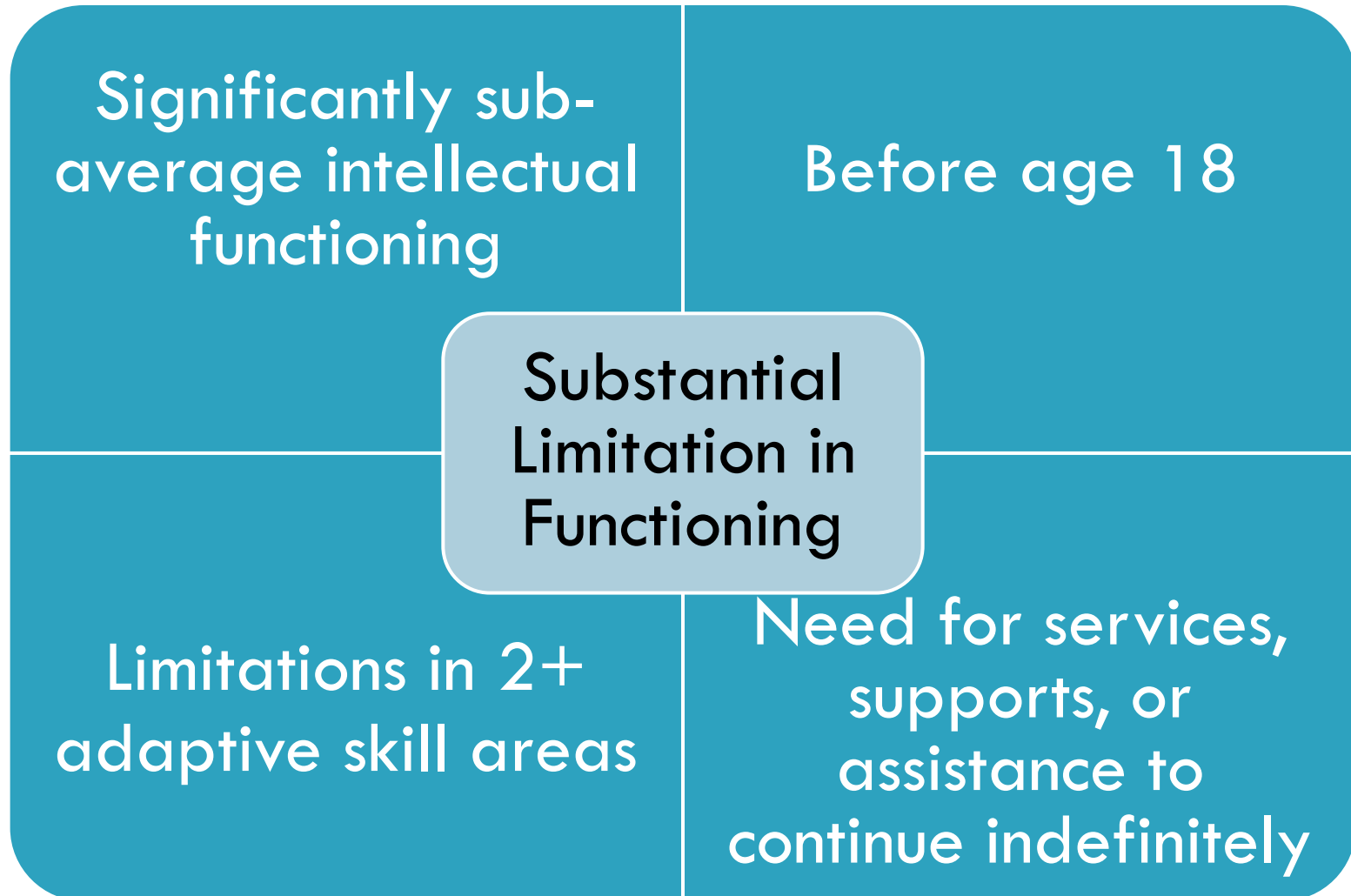
- Person-Centered
- Strengths-Based
- Based on MOCABI—Missouri Critical Adaptive Behaviors Inventory
 - ▣ Relevant to daily living
 - ▣ Easy administration

Purpose of Assessment

4

- Screening for Employment and Community First CHOICES
 - ▣ Person **must** meet:
 - ID/DD criteria
 - At-Risk or Nursing Facility Level of Care
- Make target population and safety determinations

Defining Intellectual Disability





Communication



Self-care



Home Living



Social skills



Community use



Self-direction



Health &
safety



Functional
Academics

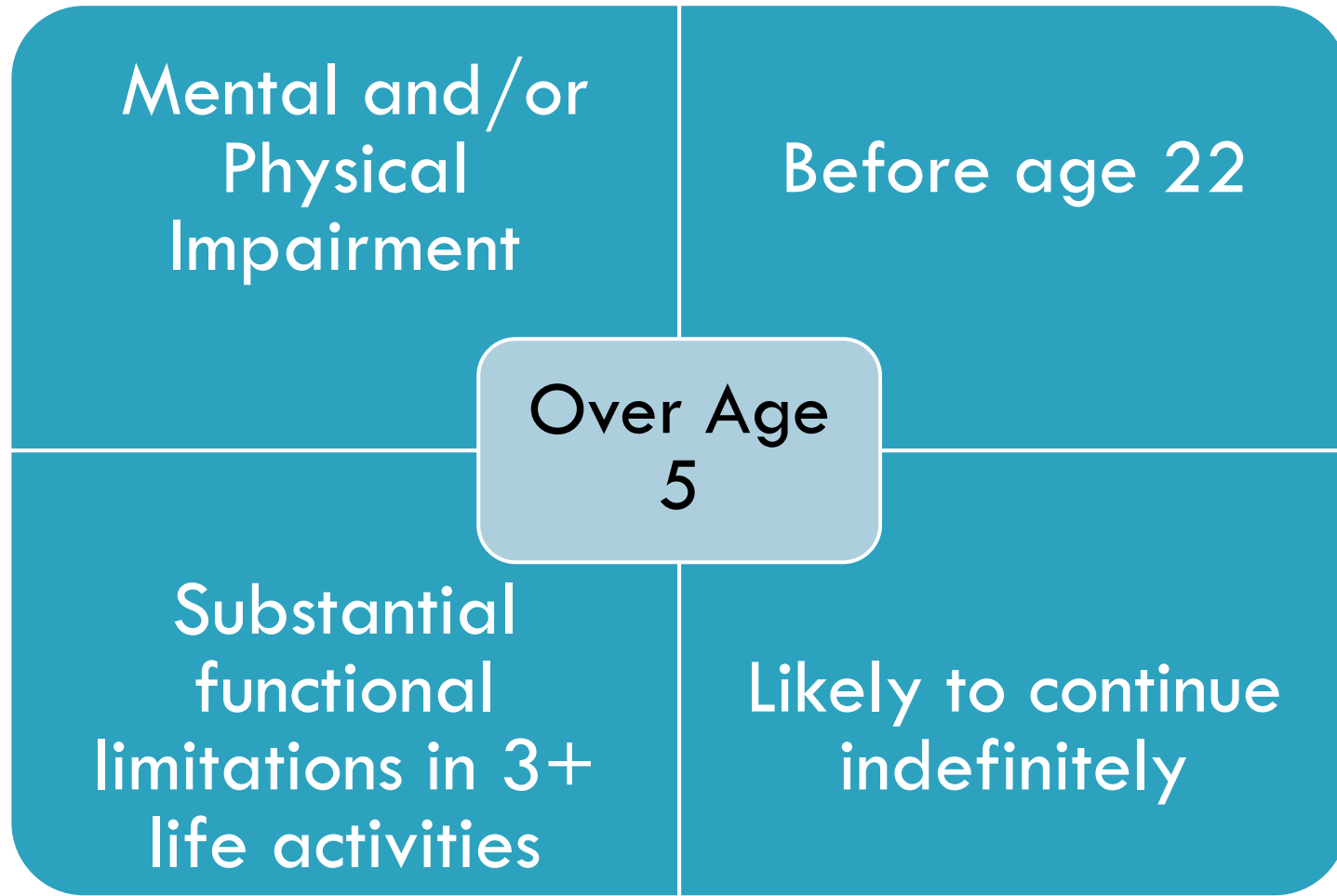


Leisure

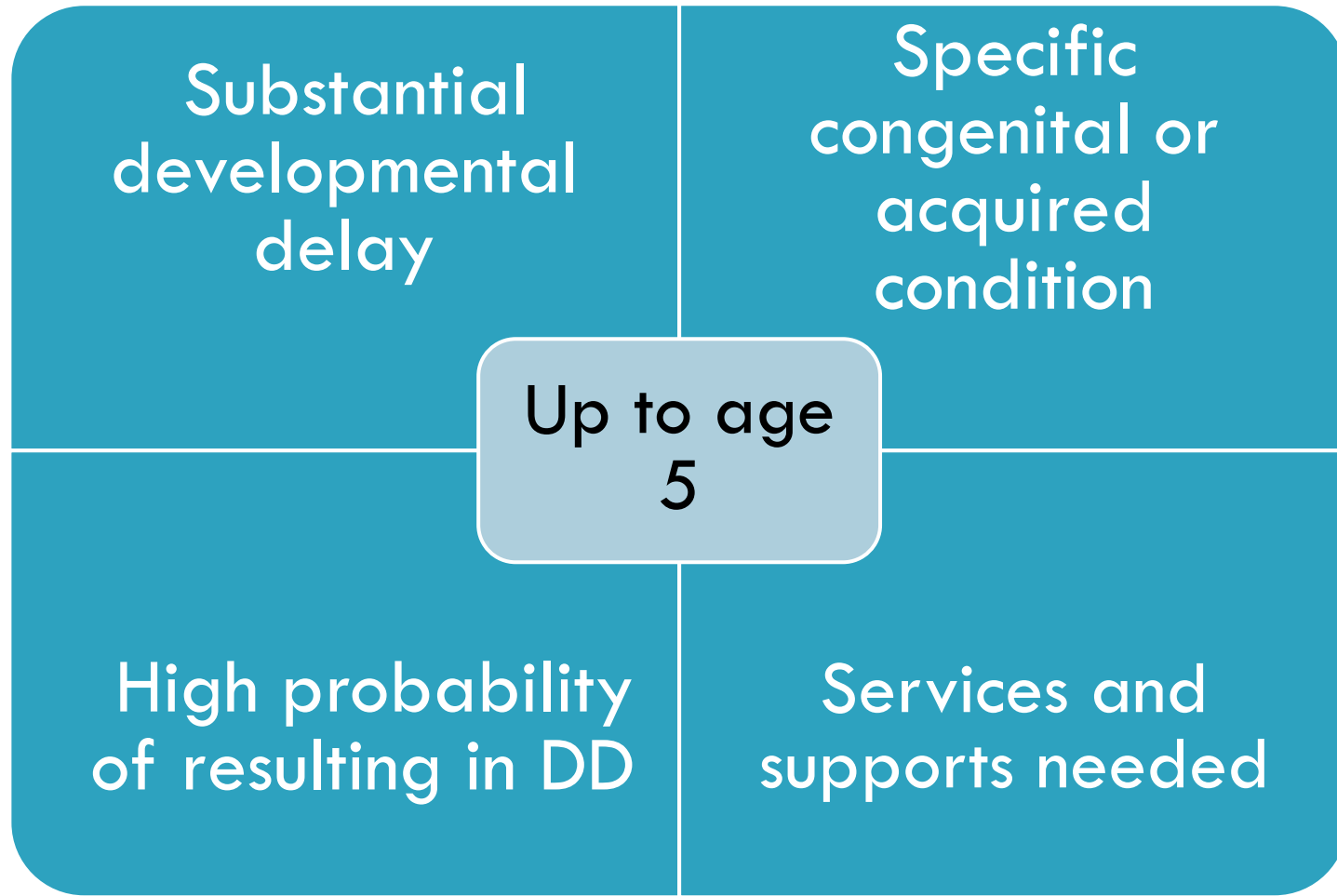


Work

Defining Developmental Disability



Defining Developmental Disability





Self-care



Receptive &
Expressive Language



Learning



Mobility



Self-direction



Capacity for
Independent Living



Economic Self-
Sufficiency

LSA's Role with Defining Target Population

10

- ❑ **Intellectual Disability-** prior to 18 years of age and a minimum of two substantial functional limitations
- ❑ **Developmental Disability-** prior to 22 years of age, and a minimum of three substantial functional limitations
- ❑ Always refer back to the original diagnosis to determine if they are ID/DD, or both.
- ❑ Ask to see any paperwork available; psychological assessments, school records, attestations from family members, etc.

Learning Objectives

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Assessment Description—Life Skills Assessment (LSA)

12

- ❑ Observation & interviews
 - ▣ Applicant
 - ▣ Informant
- ❑ 7 Areas of major life activities
 - ▣ 4–6 questions each area



Ability Statements

13

- Present in life activity section
 - ▣ Describes critical ability
 - ▣ Describes skills within ability
- Physical Abilities
- Mental Abilities
- Combination
- Comments following each statement
 - ▣ Record specific strengths and weaknesses of performance
- Always positive
 - ▣ Describes ability, not deficiency

Scoring

14

Yes	No	N-C
Possesses the ability	Does not possess ability	Cannot make a conclusion

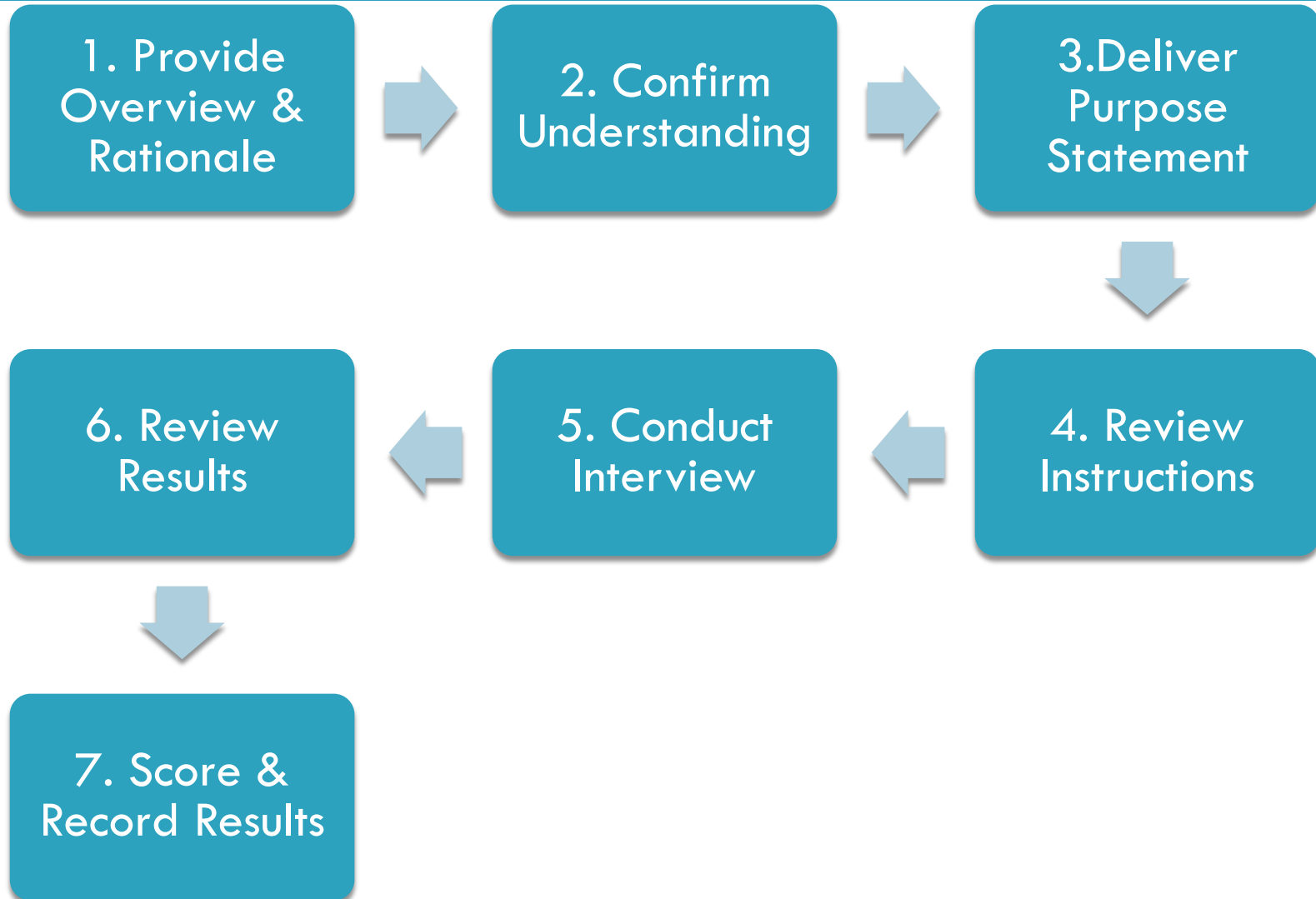
Information Sources

15

Observation	Applicant	Informant
Observation by the intake worker	Self-report by the applicant	Verbal reports by members of the applicant's family or other reliable individuals

LSA Administration

16



Step 1: Provide Overview & Rationale

17

- Appropriate to the applicant's receptive language skills
- Include:
 - Employment and Community First CHOICES is an integrated managed long-term services and supports (MLTSS) program that is specifically geared toward promoting and supporting integrated, competitive employment, and independent, integrated community living as the first and preferred option for individuals with intellectual and developmental disabilities
 - Before an applicant can be found eligible for services, a series of functional comprehensive evaluations must be conducted to identify real life limitations resulting from the disability
 - The LSA is designed to help the assessor observe what the applicant can and cannot do in seven areas of major life activity
 - The applicant will be asked to show the assessor how s/he does many things around the home or place of interview. Some of the things may be a little personal, and the applicant has the right to refuse any request. However, enough must be observed to complete the assessment.

Step 2: Confirm Understanding

18

- Ask the applicant to explain the rationale for the LSA
 - ▣ Ensures applicant (and informant) understanding and cooperation



Step 3: Deliver Purpose Statement

19

The purpose of this interview is to determine what you can and cannot do independently and to find out what your needs are. This is one of the tools used to help us determine the services that you might need.

Step 4: Review Instructions

20

- Applicant reads instructions
 - ▣ Informs of:
 - Reading ability
 - Ability to follow instructions
 - Writing ability
 - ▣ Accommodate for lack of ability
- Document through ability statements

Step 5: Conduct Interview

21

- Use Ability Statements
 - ▣ Paraphrase when appropriate
- Ask applicant to perform activity to observe
 - ▣ Combine activities when possible
- Semi-structured interview
 - ▣ Not rigid structure to question order



Step 6: Review Results

22

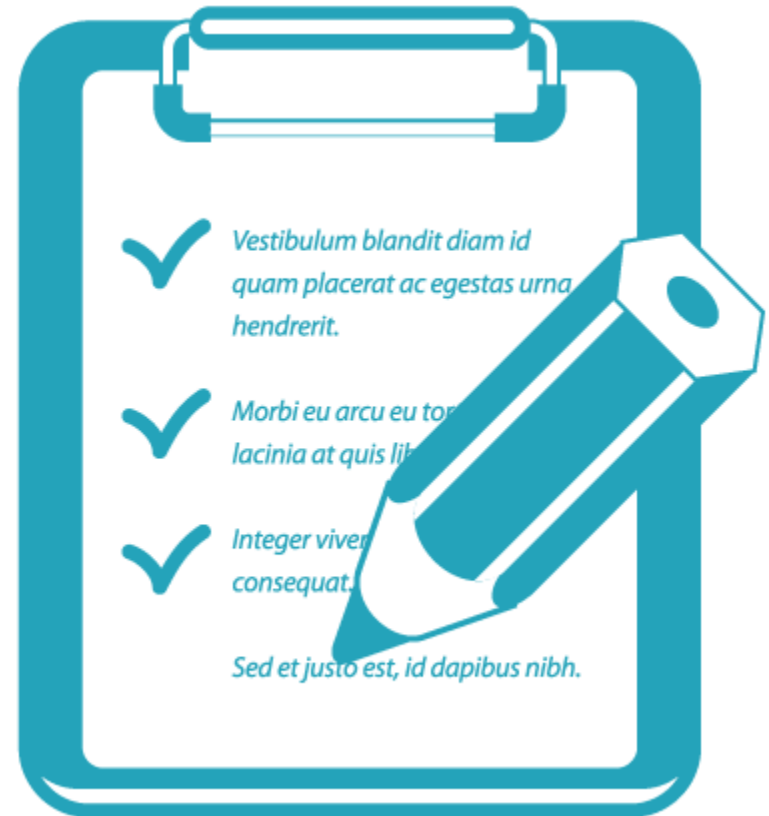
- Review the results with applicant & informant
 - ▣ Ensure information is complete & accurate
 - ▣ Clarify discrepancies



Step 7: Score & Record Results

23

- Score the LSA
- Record results on the summary sheet



Arranging the Evaluation

24

- Typically occurs at the person's home
- Be creative
 - ▣ Example:
 - Call the person to assess communication skills



Observation

25

- ❑ Preferred source of information
- ❑ Yes or No whenever possible
 - ▣ Stop with confirmation of lack of ability
- ❑ Document each informant on a new form



Life Skills Assessment Tool – Cover Sheet

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APPLICANT NAME:	[Full legal name]
PRIMARY INFORMANT'S NAME:	[Legal Name]
PRIMARY INFORMANT'S RELATIONSHIP TO APPLICANT:	[Specify]
OTHER INFORMANTS' NAMES AND RELATIONSHIP TO APPLICANT:	[List all, Specify]
QUALIFIED ASSESSOR NAME:	[Your name]
QUALIFIED ASSESSOR CODE:	[Your code]
MCO NAME OR DIDD REGIONAL OFFICE:	[Full name]
LOCATION OF INTERVIEW:	[Type and address]
LANGUAGE USED*:	[Must match applicant's and informant's primary language]
DATE OF INTERVIEW:	[mm/dd/yyyy]
* Assessment must be conducted in applicant and informant's primary language(s)	

Personal Data Sheet- cannot be left blank

Please fill in each of the boxes below. If you cannot write, someone will write your answers for you. This task helps us find out if you can do three important things. First, it helps tell us if you can read and follow directions. Second, it helps tell us if you can respond in writing to requests for information. Third, it tells us if you can provide personal data when needed, like when you apply for a job or visit a doctor.

Thank you for your help.

Your name

Your date of birth

Your sex (check one): ☐ Male ☐ Female

The address where you get your mail:

City

State

Zip code

Your telephone number (include area code):

Your Social Security Number:

The highest level of education you have completed:

☐ Grade school or middle school

☐ High school

☐ Some college

☐ Associate degree

☐ Bachelor degree

☐ Master degree

☐ Doctorate degree

Tell us about your current or most recent job.

Tell us about your disability and how it affects your life.

ABOVE DATA FILLED IN BY THE

☐ APPLICANT

☐ QUALIFIED ASSESSOR

SELF-CARE

Daily activities which enable a person to meet basic needs for food, hygiene and appearance.

PERSPECTIVE

The applicant must demonstrate the ongoing ability to appropriately perform basic activities of daily living with little or no assistance or supervision.

6 item Category

Requires a deficit in TWO areas for a substantial functional limitation

<p>1. Applicant bathes or showers independently, including transfer to tub or shower, turning on and adjusting water, scrubbing, washing hair, transfer from tub or shower and drying, without using assistive devices.</p>	<p>Score NO if there is evidence that applicant is at high risk of injury, if assistance or supervision is not available.</p>
<p>2. Applicant completes grooming independently, including brushing/combining hair, brushing teeth, shaving, and cleaning and trimming nails, without using assistive devices.</p>	<p>Score NO if the applicant requires more than 1 hour to groom because of physical limitations.</p>
<p>3. Applicant independently selects attire appropriate to season and activity and independently dresses and undresses self, including underclothes, outer clothes, socks and shoes, without using adapted clothes or assistive devices.</p>	<p>Score NO if the applicant requires more than ½ hour to dress because of physical limitations or requires help in getting clothes out of closets or drawers.</p> <p>Ignore issues of style or taste unless there is evidence that applicant is or would be rejected by peers, employers, etc., if assistance was not available.</p>
<p>4. Applicant is continent of bowel and bladder, and independently toilets self, including transferring to toilet, wiping self and transferring from toilet, without using assistive devices. If alternative methods of urinary voiding or fecal evacuation are applicable, applicant independently completes entire routine.</p>	<p>Score NO if applicant is dependent upon special equipment unique to his/her bathroom.</p> <p>Score YES if applicant requires a standard accessible bathroom but is able to toilet self independently.</p>
<p>5. Applicant independently feeds self; including cutting food, lifting food and drink to mouth, chewing and swallowing when served a prepared meal, without using assistive devices.</p>	<p>Score NO if the applicant routinely experiences major problems such as dropping food and spilling beverages, choking, gagging or takes more than (1) one hour to complete an average meal.</p>
<p>6. Applicant self-administers oral medications, including opening container, obtaining correct dosage, placing medications in mouth, swallowing, and closing container, without using assistive devices.</p>	<p>Score NO if applicant does not understand the purpose of medications and is at risk of illness or injury if unsupervised.</p>

RECEPTIVE AND EXPRESSIVE LANGUAGE

Communication involving verbal and non-verbal behavior enabling a person to understand and express ideas and information to the general public with or without assistive devices.

PERSPECTIVE

The applicant must demonstrate the ability to understand ordinary spoken and written communications and to speak and write well enough to communicate thoughts accurately and appropriately on an ongoing basis

4 item Category

Requires a deficit in ONE area for a substantial functional limitation

1. Applicant can hear and comprehend the content of ordinary spoken conversations in the applicant's primary language without using a hearing aid or other assistive device.

Sign language is not a spoken language. Therefore score **NO** if dependent upon sign language. If a foreign language interpreter is required, score **YES** if the applicant demonstrates comprehension via the interpreter. Score **YES** if applicant understands the content, even though s/he may have difficulty with specific words. Score **NO** if unable to gain accurate comprehension of content.

2. Applicant pays attention and can follow simple directions given to him or her verbally.

The applicant must complete the task independently, including both physical and cognitive components.

3. Applicant can communicate basic wants and needs, and answer simple questions in a manner that can be understood by others, without the use of assistive devices.

If applicant is dependent upon augmentative speech devices or sign language, score **NO**.

4. Applicant has sufficient vocabulary and intelligible speech or nonverbal communication skills to interact with individuals of casual acquaintance and conduct ordinary business in the community.

The LSA interview is representative of ordinary business unless the assessor feels that his/her special skills are essential to facilitating communications. The interviewer qualifies as a casual acquaintance unless s/he is very familiar with the applicant.

LEARNING

General cognitive competence and ability to acquire new behaviors, perceptions and information and to apply experiences in new situations.

PERSPECTIVE

The applicant must demonstrate ability to acquire information, process experiences, and appropriately perform ordinary age-appropriate cognitive tasks on an ongoing basis.

6 item Category

Requires a deficit in TWO areas for a substantial functional limitation

<p>1. Applicant is able to provide complete and accurate personal data, including name, date of birth, place of residence (street address, city, and state), telephone number, etc. without using assistive devices.</p>	<p>Score YES if applicant independently completes page 1 of the LSA tool.</p>
<p>2. Applicant is able to read and understand items such as personal mail, labels on food or other common domestic products, menus in restaurants, and signs in the community.</p>	<p>Ignore lack of speed or fluency. Comprehension is the issue. Score YES if applicant understands the content, even though s/he may have difficulty with specific words. Score NO if unable to gain accurate comprehension of content.</p>
<p>3. Applicant is able to do simple addition and subtraction, identify basic units of money—pennies, nickels, dimes, quarters, \$1, \$5, \$10 and \$20, calculate the value of combinations of these items and make change up to \$5.00.</p>	<p>Score YES even if the applicant lacks the physical skills to manipulate the coins but accurately calculates the value with minimal assistance from the interviewer, for example, moving the coins under the direction of the applicant.</p>
<p>4. Applicant is able to tell the time of day, including A.M. and P.M. (or morning, afternoon and evening) using a time-keeping device, use a calendar to tell the day of the week and month of the year, and associate activities with the appropriate time of day or year, without using assistive devices.</p>	<p>The terms “morning and afternoon” or “day and night” may be substituted for A.M and P.M. Either analog or digital watches and clocks may be used.</p>
<p>5. Applicant is able to write his or her name, a note for self or someone else, send an email or text message, and complete basic forms.</p>	<p>Applicant must demonstrate ability to respond to a variety of requests for information. If applicant is clearly limited to providing basic data from rote learning and memory, score NO.</p>
<p>6. Applicant is able to complete a task involving at least three steps that are presented verbally at the beginning of the task (stand up, take the tray to the other side of the room, and set it on the blue table).</p>	<p>Be sure tasks assigned can be physically met by applicant.</p>

MOBILITY

Motor development and ability to use fine and gross motor skills. Ability to move about with or without assistive services.

PERSPECTIVE

While performing purposeful activities, the applicant must demonstrate ability to move about with little or no assistance or supervision on an ongoing basis.

4 item Category

Requires a deficit in ONE area for a substantial functional limitation

1. Applicant independently and safely moves about within indoor and outdoor environments, without using a wheelchair, crutches, cane, or other assistive device.

If applicant is independent in mobility with the single exception of climbing stairs, score **YES**.

2. Applicant independently and safely pulls self into a standing position, stands, and transfers self from one surface to another, e.g., bed to chair, chair to bed, onto and off toilet, in and out of bath or shower, etc., without using assistive devices.

If applicant is independent in transferring, score **YES**.

3. Applicant is able to turn knobs or handles to open a door, lock and unlock doors, and enter and exit the home, without using assistive devices.

If applicant is independent, score **YES**.

4. Applicant independently picks up small objects, carries small objects, removes wrappings, opens containers, and pours and stirs, without using assistive devices.

If applicant is independent, score **YES**.

SELF-DIRECTION

Management and control over one's own personal and social life. Ability to make decisions and perform activities affecting and protecting own personal interests.

PERSPECTIVE

The applicant must demonstrate ongoing ability to take charge of life activities, as age-appropriate, via an appropriate level of self-responsibility and assertiveness.

6 item Category

Requires a deficit in TWO areas for a substantial functional limitation

1. Applicant makes and implements essentially independent daily personal decisions regarding diet (what to eat, when to eat, where to eat) and schedule of activities, including when to get up, what to do (for example, work, leisure, home chores, etc.) and when to go to bed.

In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score **YES** only if applicant clearly has the ability and has done so at some previous point in time.

2. Applicant makes and implements essentially independent major life decisions such as choice of type and location of living arrangements, marriage, and career choice.

For young adults who have not had to make major decisions as yet, consider their understanding of the process of decision-making as well as performance in making and implementing minor decisions, and score **YES** if they clearly demonstrate the potential.

3. Applicant possesses adequate social skills to establish and maintain interpersonal relationships with friends, relatives, or coworkers.

Key considerations in assessing this ability are the equality and endurance of relationships. If applicant has interpersonal relationships but they are dependent upon the other party or a third party to maintain, score **NO**.

4. Applicant sets personal goals and makes plans and takes steps to accomplish them.

In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score **YES** only if applicant clearly has the ability and potential or has done so at some previous point in time.

5. Applicant solves problems and takes responsibility for own actions, obeys laws.

In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score **YES** only if applicant clearly has the ability and potential or has done so at some previous point in time.

6. Applicant is able to manage physical and mental health, self-refers for routine medical and dental checkups and treatment, including selecting a doctor, setting appointment and providing a medical history as necessary.

In cases where the applicant has minimal opportunity to self-direct because of restrictions imposed by living arrangements, score **YES** only if applicant clearly has the ability and potential or has done so at some previous point in time.

CAPACITY FOR INDEPENDENT LIVING

Age-appropriate ability to live without extraordinary assistance from other persons or devices, especially to maintain normal societal roles.

PERSPECTIVE

The applicant must demonstrate ability to function on an ongoing basis as an adult, independent of extraordinary emotional, physical, or medical support systems.

6 item Category

Requires a deficit in TWO areas for a substantial functional limitation

1. Applicant generally carries out regular duties and chores (shopping, simple meal preparation, laundry, light housekeeping, etc.) safely and without need for reminders.

In cases where the applicant has minimal opportunity to perform chores regularly because of restrictions imposed by living arrangements, score **YES** if indeed clearly able.

2. Applicant is aware of a variety of community businesses and resources such as grocery stores, department stores, gas stations and quick stops, banks, post office, libraries, churches, etc. and independently finds and uses services or resources as needed.

Applicant must demonstrate common knowledge of community resources and the ability to access those when needed. If disability prohibits this, score **NO**. If applicant freely chooses to not use resources, score **YES**.

3. Applicant is able to get around in the neighborhood and community (including safely crossing streets and driving or using public transportation).

Applicant must demonstrate independence or describe times when he has able of independently getting around in his community.

4. Applicant can be left alone during the day without being considered to be at significant risk.

If applicant has never been left alone because of restrictions of living arrangements, probe for specific anticipated risks. Score **YES** if none are identified.

5. Applicant is able to protect self from being taken advantage of, and knows how to ask for help when needed.

Score **YES** only if applicant clearly has the ability and has done so at some previous point in time.

6. Applicant has hobbies and interests, is aware of community businesses and activities such as restaurants, parks, recreational facilities and programs, sporting events, movies, etc. and independently selects and participates in desired activities on a regular basis.

Applicant must demonstrate common knowledge of community activities and the ability to access those of choice. If disability prohibits this, score **NO**. If applicant freely chooses to limit his/her activities, score **YES**.

ECONOMIC SELF-SUFFICIENCY

Age-appropriate (not applicable for children under age 16) ability to live without extraordinary financial assistance from other persons. Ability to maintain adequate employment and financial support. Ability to earn a “living wage,” net, after payment of extraordinary expenses occasioned by the disability.

PERSPECTIVE

The applicant must demonstrate ability to function on an ongoing basis as an adult, independent of extraordinary financial support systems.

4 item Category

Requires a deficit in ONE area for a substantial functional limitation

1. Applicant is able to independently manage his or her own money, budget for required living expenses, keep track of financial obligations, and pay bills on time.

The applicant need not have high-level math skills. The key is levels of responsibility and organization adequate to manage financial matters either directly or by directing others on a timely basis.

2. Applicant has post-secondary (upon exiting school) work experience in a competitive, integrated setting, earning at least minimum wage without paid assistance (through VR, etc.) in obtaining or maintaining employment OR if still in school and at least age 16 or older, has part-time work experience or (paid or unpaid) internship experience OR expresses desire and intent to work upon exiting school.

Score **YES** if applicant has work experience (paid or unpaid) and/or expresses desire and intent to work.

3. Applicant is able to demonstrate knowledge of and competence for several traits of a good employee such as being prompt, attending regularly, accepting supervision and getting along with coworkers. (Applicant may be able to talk about school experiences as they relate to this area if no work history has been established.)

Applicant need not mention any particular trait listed but must demonstrate general understanding of the expectations of the world of work. To score **YES**, traits must be verified by the informant

4. Applicant is able to express a vocational preference and describe with reasonable accuracy the education and skills required.

Ignore issues of probability for success in stated vocational preference. Score **YES** if applicant is unable to state a preference because s/he is knowledgeable of and attracted to several jobs.



STATE OF TENNESSEE, HEALTH CARE FINANCE & ADMINISTRATION
BUREAU OF TENNCARE, LONG TERM SERVICES & SUPPORTS
TENNESSEE LIFE SKILLS ASSESSMENT (LSA)

MAJOR LIFE ACTIVITY: CATEGORY VII ECONOMIC SELF-SUFFICIENCY (not applicable for children under age 16)	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	N-C	Y	N	N-C	Y	N	N-C
1. Applicant is able to independently manage his or her own money, budget for required living expenses, keep track of financial obligations, and pay bills on time. Comments: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicant has post-secondary (upon exiting school) work experience in a competitive, integrated setting, earning at least minimum wage without paid assistance (through VR, etc.) in obtaining or maintaining employment OR if still in school and at least age 16 or older, has part-time work experience or (paid or unpaid) internship experience OR expresses desire and intent to work upon exiting school. Comments: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Applicant is able to demonstrate knowledge of and competence for several traits of a good employee such as being prompt, attending regularly, accepting supervision and getting along with coworkers. (Applicant may be able to talk about school experiences as they relate to this area if no work history has been established.) Comments: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Applicant is able to express a vocational preference and describe with reasonable accuracy the education and skills required. Comments: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CATEGORY VII									
X	SUBSTANTIAL FUNCTIONAL LIMITATION (Two (2) or more statements marked No under Observation OR under Applicant AND confirmed by Informant OR by multiple Informants/sources.)								
<input type="checkbox"/>	NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked yes or? under Observation and all statements marked? under Observation are marked Yes under at least one (1) other source of information.)								
<input type="checkbox"/>	POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation nor No Substantial Functional Limitation.)								
APPLICANT'S NAME: <input type="text"/>									

Summary Page- must be completed

MAJOR LIFE ACTIVITY	SUBSTANTIAL FUNCTIONAL LIMITATION	NO SUBSTANTIAL FUNCTIONAL LIMITATION	POSSIBLE FUNCTIONAL LIMITATION
CATEGORY I: SELF-CARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY II: RECEPTIVE AND EXPRESSIVE LANGUAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY III: LEARNING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CATEGORY IV: MOBILITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CATEGORY V: SELF-DIRECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY VI: CAPACITY FOR INDEPENDENT LIVING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY VII: ECONOMIC SELF-SUFFICIENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLUMN TOTALS	5	2	0

Documentation is “By Exception”

44

- If responses are in agreement a comment is NOT needed
- What requires a comment?
 1. A Yes, No, No response
 2. A conflict between the responses provided by applicant and informant
- Avoid N/C responses as much as possible, and keep to a minimum
- Observer needs to put an answer for each question
- Rate for what is observed and document the reason for the rating if observer disagrees with applicant and informant
- N/C responses by applicant due to **communication** barriers should be explained with a separate note on cover sheet
(i.e.: applicant does not use verbal communication)

Scoring the Assessment

45

- 7 categories/concepts in the assessment, and 4 or 6 questions for each category
- **Substantial deficit:** 2 No responses in 6 question category
1 No response in 4 question category
- **Non- substantial deficit:** all Yes responses
- **Possible Deficit :** 1 No response
- Scan down the page to look for yes's and no's, and count them to determine overall deficit
- The bottom of each page **MUST** be completed - indicate limitation
- Check page to make sure it is completed in its entirety and that questions were asked correctly before moving on to the next page
- ***If they do not qualify, go back through assessment to ensure you captured all items correctly***

Common Errors

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- ❑ INCOMPLETE ASSESSMENTS
- ❑ INCONSISTENT SCORING
- ❑ NOT ENOUGH INFORMATION



Errors: continued



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INCOMPLETE ASSESSMENTS:

- ❑ Cover sheet: qualified assessor information left blank on summary page
- ❑ Only the applicant is interviewed, and no additional informant (this will ALWAYS be denied)
- ❑ Observation section left blank
- ❑ Applicant responses marked as N/C due to inability to communicate verbally- assessor should make decisions on answers, and avoid N/C whenever possible
- ❑ CHECK ALL PAPERWORK TO ENSURE IT IS FULLY COMPLETED!

Errors: continued



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INCONSISTENT SCORING :

- ❑ Responses throughout LSA do not match Summary Page totals
- ❑ Categories completed correctly, but correct information is not transferred to summary page
- ❑ 4 question categories: not following instruction on using only **ONE** statement to make determination for substantial functional limitations

NOT ENOUGH INFORMATION:

- ❑ Comments included are generalized and do not provide enough information (i.e. “He needs support with shaving”)
- ❑ Ask more questions and document specific answers
- ❑ Ensure comments provided do not contradict answers

After LSA Completion

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- TennCare may provide detailed notes regarding the PAE you submitted to assist you in developing your skills.
 - ▣ Read the notes from TennCare that are provided regarding the PAE
 - ▣ Apply the notes after the LSA is reviewed— they will let you know if the LSA is denied and if there was an error
 - ▣ Contact TennCare if you have any questions.

Learning Objectives

1

Introduction & Purpose of the LSA

2

Learn the LSA

3

Learn the ICAP

Inventory for Client and Agency Planning (ICAP)

Problem Behaviors

**Only completed as part of a
safety determination request**

Behavior Categories

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- ❑ Hurtful to Self
- ❑ Hurtful to Others
- ❑ Destructive to Property
- ❑ Disruptive Behavior
- ❑ Unusual or Repetitive Habits
- ❑ Socially Offensive Behavior
- ❑ Withdrawal or Inattentive Behavior
- ❑ Uncooperative Behavior

Behavior Categories

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Hurtful to Self	Hurtful to Others
<i>Injures own body</i>	<i>Causes physical pain to other people or animals</i>
Key word: <i>Injures</i>	Key words: <i>Physical pain</i>

Behavior Categories

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Destructive to Property	Disruptive Behavior
<i>Deliberately breaks, defaces, or destroys things</i>	<i>Interferes with activities of others</i>
Key words: <i>Deliberate destruction</i>	

Behavior Categories

55

Unusual or Repetitive Habits

Unusual behaviors that occurs over and over

Socially Offensive Behavior

Behavior that is offensive to others

Behavior Categories

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Withdrawal or Inattentive Behavior	Uncooperative Behavior
<i>Difficulty being around people or paying attention</i>	<i>Behavior that is uncooperative</i>

Categorizing Problem Behaviors

57

- Category, Frequency, and Severity
- Which category best describes a behavior problem?

Categorizing Problem Behaviors

58

a. If yes, describe the PRIMARY PROBLEM:

Frequency Scoring: *How often does this behavior usually occur?*

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b. Frequency: How often does the behavior usually occur? *

- ☐ Never
- ☐ Less than once a month
- ☐ One to 3 times a month
- ☐ One to 6 times a week
- ☐ One to 10 times a day
- ☐ One or more times a day

Severity Scoring: *How serious is the problem usually caused by this behavior?*

60

c. Severity: How serious is the problem usually caused by this behavior? *

- ☐ Not serious not a problem
- ☐ Slightly serious a mild problem
- ☐ Moderately serious a moderate problem
- ☐ Very serious a severe problem
- ☐ Extremely serious a critical problem

Severity Scores: 0, 1

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0—Not serious, not a problem

- ❑ Odd, eccentric, peculiar
- ❑ Not everyone considers it to be a problem

1—Slightly serious, a mild problem

- ❑ Can usually be managed by common sense and a structured environment
- ❑ Annoying, embarrassing, worrisome
- ❑ Considered to be a problem, but not necessarily in all environments
- ❑ Does not seriously limit activities

Severity Scores: 2

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2—Moderately serious, a moderate problem

- ❑ Serious enough that it is addressed by a personalized objective
- ❑ Written procedures have been developed
- ❑ Objectionable, unacceptable
- ❑ A problem across several environments
- ❑ Limits some activities

Severity Scores: 3

63

3—Very serious, a severe problem

- ❑ So severe it is the primary documented personalized behavior objective
- ❑ Has written procedures
- ❑ Every occurrence is documented
- ❑ Very frightening, repulsive, or dangerous
- ❑ Frequency/severity reduced only with constant vigilance and highly structured environment
- ❑ Difficult or impossible for a single staff person to control
- ❑ Limits activities or environments that can't be structured

Severity Scores: 4

64

4—Extremely serious, a critical problem

- May be life-threatening or have imminent danger
- Personalized objective and written record of every occurrence of the behavior
- Frequency difficult to reduce even with constant vigilance and a highly structured environment
- Extremely serious consequences that are not minimized even with a highly structured environment, implemented behavior plan and staff involvement

Scoring Considerations

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- What about the seriousness of behaviors that differ in different environments, in day versus residential settings for example?
- What about cyclical behaviors, such as with some mental illnesses, that come and go?
- What about behaviors so serious that they are never allowed to occur, such as sexually aberrant behavior, theft, or arson?

Scoring Problem Behaviors

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- ❑ Decide on the category
- ❑ Score frequency
- ❑ Score severity
- ❑ Describe the primary problem so that a quality reviewer can clearly understand the behavior.
- ❑ If there are no problems, select 0 for frequency and severity for each of the eight categories
- ❑ Answer E.9

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Search for ICAP information by Client

Client ID	Last Name	First Name	SSN (Last 4 Digits)
12345	Smith	John	0000
23456	Smith	June	1111

Print/Save

Client Information

Client Name:	Doe, Jane	Class Membership:	TENN
SSN:	000-00-0000	Res:	SUNRISE COMMUNITY - EAST
Region:	E	Day:	SUNRISE COMMUNITY - EAST
DOB:	01/01/2000	ISC:	Arc of Washington County
		PA:	

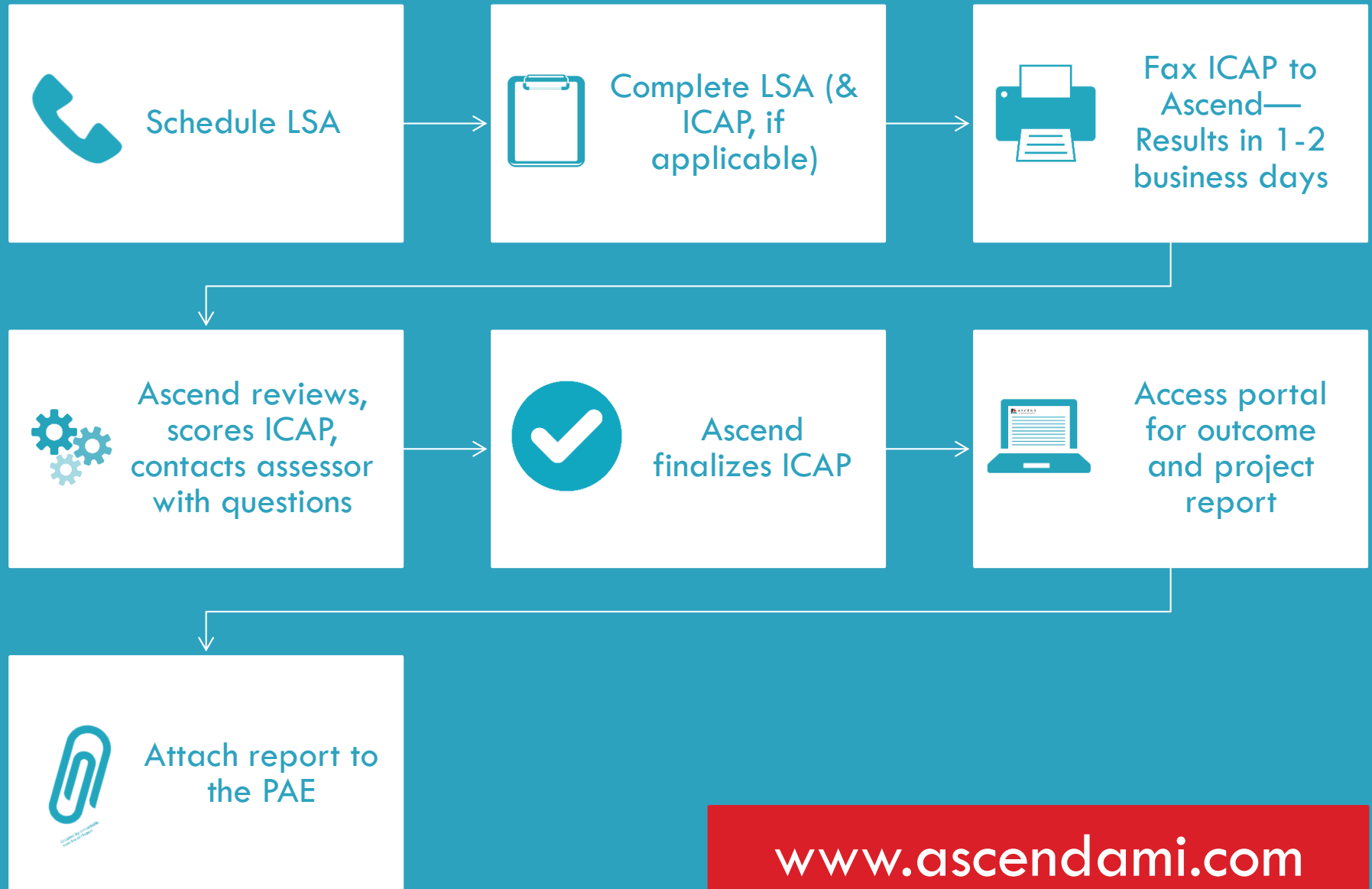
Client Information

Client Name:	Doe, Jane	Waiver: ECF
SSN:	000-00-0000	Assessment Entity: ETRO
Region:	E	Assessor: Smith, John
DOB:	01/01/2000	

Assessments

Review Date	07/01/2016		
Scheduled or re-do?	Scheduled		
Adaptive Behavior:			
Motor Domain			
Social/communication			
Personal Living			
Community Living			
Broad Independence			
Overall age equivalent in months:			
Health Item			
Blindness			
Mobility			
Maladaptive Behavior:			
Internalized	Normal		
Asocial	Normal		
Externalized	Normal		
General	Normal		
High Risk**			
ICAP Service Score			
ICAP Service Level			
ICAP DMRS LON*			
ICAP Level Descriptions			

Process Flow



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Supports Intensity Scale (SIS)

Supports Intensity Scale

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□ WHO

- ▣ You request a SIS assessment from TennCare
- ▣ TennCare approves and notifies Ascend
- ▣ Ascend Conducts the assessment

□ WHY

- ▣ The SIS is used to determine if ECF Level 6 supports are warranted

□ When

- ▣ Generally within 2 weeks
- ▣ Ascend has 5 days from referral to complete and finalize the assessment

□ How

- ▣ Assessments are conducted **face-to-face** with at least 3 respondents
- ▣ Semi-structured interview
- ▣ Generally takes 1.5 – 2 hours to complete

Respondents

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- AAIDD has established specific criteria as to who qualifies as a SIS[®] respondent.
 - ▣ The person must:
 - Have known the individual being assessed for at least 3 months.
 - Be able to speak knowledgably about support needs across a variety of everyday settings.
- Ascend must have at least THREE valid respondents to conduct the SIS[®] assessment.

Attestation

- ❑ In order to receive credit for this training and to extend your Qualified Assessor Code you must sign the Attestation here:

https://stateoftennessee.formstack.com/forms/ecf_qualified_assessor_attestation_copy

After signing the attestation, your ECF Qualified Assessor Code will be extended one year from the date of the month that your code was originally issued.

Thank You!



Thank you for your taking the HCBS ECF Qualified Assessor Refresher Training and attesting to your knowledge!